

## **Application Data Sheet**

### **Application Information**

Application number::	Unassigned
Filing Date::	01/25/2002
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	INTERACTIVE EDUCATION SYSTEM
Attorney Docket Number::	04870.00009
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	YES
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	NO
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alfred  
Middle Name:: A.  
Family Name:: Norcott  
Name Suffix::  
City of Residence:: Vienna  
State or Province of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: 1520 W. Altorfer Drive  
City of mailing address:: Peoria  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61655

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Aleksandar  
Middle Name:: S.  
Family Name:: Manov  
Name Suffix::  
City of Residence:: Peoria  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 6116 North Saint Mary's Road  
City of mailing address:: Peoria

State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61614

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name::  
Middle Name::  
Family Name::  
Name Suffix::

City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::

City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### Correspondence Information

Correspondence Customer Number:: 22907

### Representative Information

Representative Customer Number:: 22907

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::


### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: SVI Systems, Inc.  
 Street of mailing address:: 1520 W. Altorfer Drive  
 City of mailing address:: Peoria  
 State or Province of mailing address:: IL  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 61655